



TFW 1632

Atty. Dkt. No. 041673-2053

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Tuszynski, Mark H.

Title: METHODS FOR THERAPEUTIC  
USE OF BRAIN DERIVED  
NEUROTROPHIC FACTOR IN  
THE ENTORHINAL CORTEX

Appl. No.: 10/039,078

Filing Date: 12/31/2001

Examiner: Anne Marie Falk

Art Unit: 1632

<p><b>CERTIFICATE OF MAILING</b></p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p><u>Michelle Sympson</u> (Printed Name)</p> <p><u>Michelle Sympson</u> (Signature)</p> <p><u>September 29, 2004</u> (Date of Deposit)</p>
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**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

10/06/2004 HVUONG1 00000068 500872 10039078

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[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	20	-	20	=	0	x	\$18.00	=	\$0.00
Independent Claims:	3	-	3	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:								+	\$290.00 = \$0.00
CLAIMS FEE TOTAL									= \$0.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$110.00	\$0.00
[ X ] Extension for response filed within the second month:	\$420.00	\$420.00
[ ] Extension for response filed within the third month:	\$950.00	\$0.00
[ ] Extension for response filed within the fourth month:	\$1,480.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:		\$420.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$420.00
[ X ] Small Entity Fees Apply (subtract ½ of above):		\$210.00
TOTAL FEE:		\$210.00

[ X ] Please charge Deposit Account No. 50-0872 in the amount of \$210.00. A duplicate copy of this transmittal is enclosed.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise

improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,



Date 9-29-2004

By \_\_\_\_\_

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Stacy L. Taylor  
Attorney for Applicant  
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